## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

O(176607-5

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA												THAN
TOTAL CLAIMS			(Colum	(Column 1)		(Column 2)		TYPE		OR	•	
$\parallel$	FOR							RATE	FEE		RATE	FEE
$\parallel$	l		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			<u>{</u> { minus 20=		*.			X\$ 9=	·	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =					X42=		OR	X84=	
L	ULTIPLE DEPE	NDENT CLAIM F					+140=	<del> </del>	1	+280=		
*	If the difference	e in column 1 is	less than z	zero, enter	"0" in	"0" in column 2		TOTAL	<del> </del>	OR		
	C	CLAIMS AS A	MENDED - PART II					TOTAL	L	OR	TOTAL OTHER	TUAN
4	2-6-03	FETTER'S ALTERNATIVE COLUMN	(Colun		(Column 3) SMAL			ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total Independent	* 5	Minus		15.	= /		X\$ 9=	, FEE	OR	X\$18=	<u>·FEE</u>
		* 1 ENTATION OF M	Minus		3 CLANA	= /	1	X42=		OR	X84=	
-				LINDLINI	COAIIVI		j	+140=		OR	- <b>+2</b> 80= ·	~
								TOTAL			TOTAL	
(Column 1) (Column 2					n 2)	(Column 3)		ADDIT. FEE		Jon /	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		=	1	X\$ 9=	1 55		X\$18=	<u>FEE</u>
	Independent	*	Minus	***		=	1	X42=		OR		·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT (				CLAIM		]	A42=		OR	X84=	
								+140=		OR	+280=	
٠.	· · · · · · · · · · · · · · · · · · ·							TOTAL ADDIT. FEE		OR ,	TOTAL ODIT. FEE	
		(Column 1) CLAIMS	n 2)	(Column 3)			and the second		e et al a company de la compan			
AMENDMENT C		REMAINING - AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE			ADDI- TIONAL FEE
	Total	* # ***	Minus	**		<b>=</b> 3.5	×4.5	X\$ 9==		OR	X\$18=	
	Independent	F STATION COMM	Minus	***	general Gardelines Gardelines	= da( ) . mile	76 . 31	X42=		inne 🔻	-X84=	A Popular
	· ito ituese	NTATION OF MU	LIPLE DEP	ENDENT (	CLAIM		ranga) in m		acustisă Na Salida	OR	-	
	f the entry in colur	nn 1 Is less than th	entry in colu	mn 2, write "	0" in colu	ımn 3.	L	+140=	3 (14) 2 (14)	OR	+280=	- Te
7	f the "Highest Nur	nder Previously Pai mber Previously Pa	d For IN THIS	S SPACE IS I	ess than	20, enter 20.		TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	, , y
	ingrest Num	ber Previously Paid	ror (Total or	Independen	t) is the	highest number	r four	nd in the app	opriate box	in colu	mn 1.	